

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/29/2016
NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation #1613454 / IL86431	S 000		
S9999	Final Observations Statement of Licensure Violations : 300.610a) 300.1035a)1,3,4,5 300.1210b) 300.1210d)2) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be: 1) implementation of Living Wills or Powers of Attorney for Health Care in accordance with the Living Will Act (Ill. Rev. Stat. 1991, ch. 110½,	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/11/16

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S9999	Continued From page 1 pars. 701 et seq.) [755 ILCS 35] and the Powers of Attorney for Health Care Law (Ill. Rev. Stat. 1991, ch. 110½, pars. 804-1 et seq.) [755 ILCS 45]; 3) procedures for providing life-sustaining treatments available to residents at the facility; 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices; 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such	S9999			

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S9999	<p>Continued From page 2</p> <p>orders. (Section 2-104(b) of the Act) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to initiate Cardio Pulmonary Resuscitation (CPR) when a resident had no pulse or respirations. The resident had made the decision to be a Full Code in case of cardiac arrest on March 15, 2016. The resident was found without a pulse at 4:16 AM on March 29, 2016. No resuscitative efforts were initiated by facility staff. This applies to 1 of 72 residents (R1) who was designated as a Full Code if cardiac arrest occurs in the sample of 74. The findings include: R1's Order Summary Report dated March 2016 showed R1 had diagnoses of end stage renal disease with dependence on renal dialysis and diabetes mellitus. General Progress Note dated March 29, 2016 showed that R1 was checked at 4:16 AM by E3 Licensed Practical Nurse (LPN). R1 was found to be without a pulse and had no respirations. E3 LPN checked R1 's chart for advanced directives and R1 was noted to be a DNR. E3 LPN rechecked R1's chart again at 4:30 AM and noted that R1 was not a DNR but was a full code. R1 expired on March 29, 2016. On June 27, 2016 at 6:20 AM, E3 LPN stated, "I checked her (R1) around 2:00 AM that morning. She was breathing and her skin was not clammy. I checked on her every two hours. At 4:16 AM, E4 Certified Nursing Assistant (CNA) notified me that R1 was not breathing. I went in to check the</p>	S9999			

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S9999	Continued From page 3 resident for a pulse, she didn't have one. I went out to check R1's written chart for her code status. I looked at the top of advanced directives form and I swear it said that R1 was a do not resuscitate. As I was talking with the police department, I looked at R1's chart again and I saw that the box was checked stating that R1 was a Full Code. I think this was around 4:30 AM." On June 28, 2016 at 10:30 AM, E3 LPN stated, "I did not do CPR and the 2 other staff members did not do CPR on R1 at any time once I realized she was a Full Code. I called a Code Blue and called 911 right away. The police and fire showed up right away. I don't think they did CPR on her either." The local police report dated May 10, 2016 showed that the local fire department/EMS arrived at the facility at 5:03 AM on March 29, 2016. On June 27, 2016 at 7:24 AM, E1 Administrator stated, "The nurse did not immediately do CPR on R1. Yes, CPR should be initiated immediately if a resident is a Full Code." On June 28, 2016 at 9:50 AM, E16 DON stated, "When a code blue is called, it is announced overhead. We do not keep a code sheet or any log or documentation of the code or of who responds to the code blue. Notes related to code blues are written in the clinical notes in the chart. I don't think the staff ever did CPR on R1. R1 was presumed dead based on their (staff) assessment. R1 did not have a pink bracelet on when she died. The use of pink bracelets to identify residents that are DNR did not start until around the third week of April 2016. There was a black/white copy of R1's code form in the written chart to verify her Full Code status on March 29, 2016. The current DNR policy is a new corporate policy that was just updated. We do not have a new policy addressing the use of pink bracelets to	S9999			

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S9999	Continued From page 4 identify DNR residents. Prior to the incident with R1, the facility kept a black and white copy of all resident ' s code forms in their charts to verify a resident ' s code status." On June 27, 2016 at 10:00 AM, E1 Administrator stated that staff can now determine if a resident is a DNR by looking for a pink bracelet on the resident ' s wrist. E1 stated, "The use of the pink bracelet to identify a resident's DNR status, without looking in the chart, was started a few months ago, after the incident with R1. I am not sure if the staff was in-serviced on the use of the pink bracelet or not. We worked with nursing and the detectives to investigate this. We did full audits and now continually audit the code status of each resident . We also offered CPR classes to the staff. I also spoke to our medical director about this." On June 27, 2016 at 4:25 AM, E5 LPN (Night Shift/1st Floor) stated, "I check a resident's code status by checking in the written chart. If there is no DNR form in the written chart, I know the resident is a Full Code." On June 27, 2016 at 4:35 AM, E6 LPN (Night Shift/First Floor), stated, " I look at the 24 hour report sheet to check if a resident is a DNR. If a resident is a DNR, they have an orange sticker on the outside of the written chart." On June 27, 2016 at 4:45 AM, E7 RN (Night Shift/Second Floor) stated, "I look at the 24 hour report sheet to check a resident's code status. We don ' t have orange stickers on our DNR charts." On June 27, 2016 at 4:30 AM, E8 RN (Night Shift/Third Floor) stated, "I check the written chart or the computer to verify a resident's code status." E5 LPN, E6 LPN, E7 RN, and E8 RN did not mention the use of pink bracelets to identify DNR residents during their interviews. On June 27, 2016 at 9:30 AM, E12 CNA stated that a pink bracelet on a resident's wrist means	S9999			

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S9999	Continued From page 5 that the resident is a fall risk. On June 27, 2016 at 9:43 AM, E14 CNA stated that the pink armbands on residents identify limb restrictions. On June 27, 2016 at 10:27 AM, Z3 Physician stated, "I was notified by the nursing home that there was a delay in CPR on R1. R1 was basically found dead. Not doing CPR immediately harmed her dignity because her wishes were not followed." On June 27, 2016 at 11:20 AM, E1 Administrator stated, "I can't find a policy in writing addressing the use of pink bracelets to identify residents that are a DNR." E1 stated the staff was in-serviced on DNR/Advanced Directives on March 30, April 22, April 28, May 2, and June 27, 2016. In-services for staff on Code Blue were done April 7 and April 14, 2017. A mock code blue drill was held on April 24, 2016. E1 also states that CPR classes were held for staff on May 2 and May 3, 2016. R1's Code Status form (Illinois Short Form) dated March 15, 2016 showed that R1 was a Full Code with Full Treatment in the event of cardiac arrest. The Code Status form was signed by R1, Z1, and Z2 Advanced Practice Nurse. R1's General Progress Note dated March 29, 2016 showed that R1, "was checked again at 4:16 AM to have her get ready for early am dialysis. Resident noted pale, no pulse, no breathing appreciated. Checked chart for advanced directives and noted to be a DNR/Do Not Resuscitate. Rechecked chart again and noted that resident is not a DNR but a full code around 4:30 AM. Immediately Code Blue was called and paramedics were called. 911 came and checked resident, CPR was not initiated, resident with no respiration, pulse not appreciated, pupils were dilated and reflexes gone."	S9999			

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S9999	Continued From page 6 The Follow Up for R1 Form (undated) showed, "Facility conducted directed in-services on Medical Emergency Policy and Procedures, Physician Order for Life Sustaining Treatment Forms, and the Use of New Wristbands for all DNR Residents." The facility's Advance Directives Policy and Procedure dated May 30, 2016 does not identify how staff can quickly identify if a resident is a Full Code. (A)	S9999			

Imposed Plan of Correction

Facility Name: Warren Barr North Shore

Survey Date: June 29, 2016

Complaint # : 1613454/IL86431

Violation : A

300.610a)

300.1035a)1, 3, 4, 5

300.1210b)

300.3220f)

300.3240a)

Section 300.610 Resident Care Policies

- a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1035 Life-Sustaining Treatments

- a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:
 - 1) implementation of Living Wills or Powers of Attorney for Health Care in accordance with the Living Will Act (Ill. Rev. Stat. 1991, ch. 110½, pars. 701 et seq.) [755 ILCS 35] and the Powers of Attorney for Health Care Law (Ill. Rev. Stat. 1991, ch. 110½, pars. 804-1 et seq.) [755 ILCS 45];

Attachment B
Imposed Plan of Correction

- 3) procedures for providing life-sustaining treatments available to residents at the facility;
- 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;
- 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.

Section 300.1210 General Requirements for Nursing and Personal Care

- b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
 - 2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.3220 Medical Care

- f) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)*

Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

This will be accomplished by:

1. A committee consisting of, at a minimum, the Medical Director, Administrator, and Director of Nursing will review and revise the policies and procedures regarding Emergency Cardiopulmonary Resuscitation (CPR), and EMS (Emergency Medical Services). This review will ensure that the facility's policies and procedures address, at a minimum, the following :
 - A. Recognition of situations requiring immediate intervention and following physicians' orders regarding Emergency Cardiopulmonary Resuscitation (CPR).

- B. The facility's responsibilities in taking appropriate corrective action to prevent future delayed treatment in emergency situations requiring Cardiopulmonary Resuscitation.
 - C. Each direct care-giving staff shall review and be knowledgeable about his or her residents' care plan in regards to Advance Directives/ Code Status.
 - D. Non-direct care staff will be aware of what role they play in Code Blues.
2. The facility will conduct mandatory in-services for all staff that addresses, at a minimum, the following:
- A. All staff will be informed of their specific responsibilities and accountability for the care provided to residents during a code, upon hire and yearly thereafter.
 - B. Direct Care staff will be in-serviced regarding Residents Rights and Advanced Directives.
 - C. All staff will be in-serviced on updated Policies on Emergency Cardiopulmonary Resuscitation and Emergency Medical Services.
3. The facility will monitor effectiveness and compliance with this Plan of Correction by:
- A. Mock Code Blue drills will be conducted for all staff annually.
 - B. To ensure the appropriate paperwork regarding Advanced Directives is completed and easily accessible, and that Code status is identifiable to all staff, chart audits will be performed by Director of Nursing weekly for eight weeks, and then quarterly.

Completion date: Ten days from receipt of the Notice for the Imposed Plan of Correction

07/29/16/np/sf